

*Remarks.*—The following remarks have been suggested during the progress of this and several other cases which have fallen under my observation. Apart from any pathological consideration, the undoubted tendency of tetanus is to wear out the vital energies of the system, while, at the same time, the disease itself runs on to its own termination; so that, as far as the issue of the case is concerned, the simple question to be decided is, which of the two shall be first exhausted, the malady or the patient. This appears to be the clinical teaching of tetanus; and its recognition will, I think, help us not a little in treating the disease. The principle just stated furnishes us with two indications: namely, to subdue the spasms if possible, but especially to obviate the tendency to death by asthenia, by sustaining the failing powers of the sufferer. Aconite, from its known effect in controlling muscular action and allaying pain, would seem, *a priori*, to be admirably adapted for fulfilling the first indication. It is not necessary to suppose that it exerts any specific antagonism to the *materies morbi* of tetanus; its beneficial effect is sufficiently explicable on the ground of its establishing an exactly opposite physiological condition—one, that is, of muscular repose; while its anodyne influence is undoubtedly advantageous. It is not sufficient simply to allay pain by narcotizing the patient; for, in all the cases I have seen, the tetanic spasms were augmented during sleep, whether this were natural or the result of opiates. And the explanation of this fact appears to be, that, the regulating and controlling powers of the brain being in abeyance, as they are during sleep, the morbidly excited spinal system is free to exercise its fullest effect.

By its restraining muscular effort, therefore, and by its anodyne properties, aconite removes or checks the symptoms, the severity or long continuance of which induces that state of asthenia so jeopardizing to the patient; and by so doing, allows of the administration of such stimulating and nourishing agents as may be thought desirable. This was well instanced in the case just detailed; the difficulty of swallowing—one of the most tiresome complications of tetanus—ceasing entirely after a few doses of the remedy. The lowering effect of aconite on the pulse was also remarkable, notwithstanding the constant administration of stimuli; though this, I believe, is a phenomenon which constantly attends the taking of aconite. Another point worthy of note, which involves also a caution, is that symptoms of poisoning by aconite ensued on the fifth day from the commencement of the drug, such as loss of power in the arms, great prostration, etc., which the friends mistaking for a continuance of the tetanic symptoms, unadvisedly repeated the medicine. The tolerance of the drug which tetanus undoubtedly causes, ceased now that the disease itself was subdued, and the usual effects of aconite in the system were becoming manifest. Fortunately, they yielded to a free use of stimulants.

41. *Abortice Treatment of Gonorrhœa and its Consequences.* By Dr. MALIZZ.—It is to Carmichael in the first place, and then to Debenezy and Ricord, that the abortive treatment of gonorrhœa has owed its vogue, and, indeed, it may be said that it has only been extensively practised by the two last-mentioned practitioners. But after having been pretty frequently had recourse to during several years, this method seems to be becoming gradually less employed; and if we look for the reason of this change, we find facts to explain, and authorities to justify it.

By taking care to question patients affected with gonorrhœa regarding the treatment which was employed in former attacks of the disease, we in no long time obtain elements to lead us to a judgment regarding the value of the different methods of cure which have been proposed for this affection. The abortive method, by strong caustic injections, has particularly engaged my attention for some time past, and I have collected a certain number of cases in which the result has been unfavourable.

The first is that of M. E. F., twenty-five years of age, of a lymphatic temperament and a weak constitution, who contracted an acute gonorrhœa in the early part of 1860; an injection, consisting of a drachm of nitrate of silver in an ounce and a half of distilled water, was prescribed for him by an American surgeon. After intense suffering, followed by convulsions, the patient had an attack of

haematuria, followed by dysuria, the result of a real inflammatory stricture, and a perineal abscess supervened. It was opened by means of Vienna paste, and fortunately closed up without leaving a fistula. Since that time the urethral discharge has continued unabated, in spite of all the means which have been had recourse to; balsamic preparations, specifics of all kinds, astringents, injections, tonics, etc., have proved powerless against this gonorrhœa, and at present there can be recognized on the level of the bulb a stricture for which the patient is under treatment.

A second case bears the closest analogy with the above, and only differs from it in the fact that the patient escaped a perineal abscess.

In six other cases, of which two are still under treatment, the patients have experienced the same pain from the injection of fifteen grains of the nitrate in an ounce of water. The gonorrhœal discharge continues rebellious to all treatment, and three of them have already confirmed strictures of the urethra.

The dose of the nitrate employed in the first of these cases will be acknowledged by all to have been too large; but in the other seven cases the injection employed was that recommended by Ricord, by Debeney, and by various other writers. In two cases the injection was practised by a surgeon, and the *modus faciens*, to which much importance has been attached, was conformable to all the rules.

The original idea of the method, substitution, is of difficult application, and this appears to be often forgotten when the injection is invariably made of the strength of 1 to 30. In this respect M. Debeney is more judicious; he has no fixed strength for his injection; and after having washed the mucous membrane by means of tepid injections, he proportions the quantity of caustic to the degree of inflammation, according to a scale which practice alone enables him to draw up. In weak doses the injection ceases to be abortive—it becomes merely a modifier of the condition of the mucous membrane of the urethra. It will readily be understood that, following the doctrine of Ricord's school, which considers gonorrhœa as a non-specific inflammation, we may readily be led to endeavour to displace it violently by a therapeutic substitution; besides, it must be confessed, the method is one as tempting to the surgeon as to the patient. If I have been led to abandon it, it is because, while real success is sometimes obtained, this method offers numerous disadvantages and well-authenticated cases of failure.

The excessive pain, carried, as in the patient first mentioned, even to convulsions, haematuria, dysuria—which may even go the length of retention—perineal abscesses, urinary fistula, as in a case cited by Dr. Beyran, and in another which occurred to Dr. Cullerier, all these are unfortunately too frequent, and we are surprised to see their occurrence denied by practitioners of talent. But what is of even more importance for the surgeon to be aware of than the occasional bad results, is the mode of action of the caustic injection. The inflammation of the urethral mucous membrane which we do not succeed in displacing seems to take refuge in the submucous tissue; and when we examine a urethra in which a caustic injection has been practised, we obtain the impression of a hard, resisting cord, and we look in vain for the natural suppleness and elasticity. The walls have increased in thickness, the neighbouring tissues which the inflammation has attacked are incorporated with the urethra, and it is at some point in their extent that the localized pathological process will mark the place of a stricture. Such is the opinion of all those who are called in the course of their practice to see the termination of urethral discharges. It is that of Dr. Phillips, who attributes to the abortive method a great share in the production of strictures. It is also that of M.M. Cullerier and Beyran, and it has become mine, without, however, preventing me from admitting that the nitrate of silver, suitably employed, is an excellent modifier of certain conditions of the urethral mucous membrane.—*Edin. Med. Journ.*, Sept. 1861, from *Gaz. des Hôpitaux*. 6th August, 1861.

42. *Injections of Liquor Hydrarygi Pernitrat in Gonorrhœa*.—Mr. G. BORLASE CHILDS speaks (*Lancet*, October 12, 1861), in the most unqualified praise, of the efficacy of injections of the liquor hydrargyri pernitrat in gonor-